MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11445

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH · COUNTY: Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Queenstown X
LENGTH OF STAY (in this place): 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Queenstown X
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Wrightson (Last) Beecher
4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M	Feb 28, 1870	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer + Waterman	TENANT OYSTERING + fishing	Md.	U.S.A.

13. FATHER'S NAME: James Beecher
14. MOTHER'S MAIDEN NAME: Louise [redacted] Collier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs. Spencer Smith (Daughter)

18. MEDICAL CERTIFICATION — Queenstown Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331 X Immediate cause	(a) Cerebral [redacted] Hemorrhage	22 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, Cerebral	? yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1951, to Nov., 1953 that I last saw the deceased alive on Nov. 29, 1953, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Irwin G Hoff	M.D.	Queenstown, Md.	11/29/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 2-1953	Chesterfield	Centreville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 2-1953	Helen M. Aldridge	Baxter Bros.	Centreville, Md.

RECEIVED
DEC 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11447

CERTIFICATE OF DEATH

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) THOMAS (Last) BISHOP
4. DATE OF DEATH: (Month) November (Day) 14 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 22 1856
9. AGE last birthday: 97 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, Owner
10b. KIND OF BUSINESS OR INDUSTRY: Tilling the soil
11. BIRTHPLACE (State or foreign country): Talbot Co. Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John T. Bishop
14. MOTHER'S MAIDEN NAME: Frances Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: Mrs Florence Mann - Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion — ½ hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C-V Disease — ? yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of glans penis — 1 yr

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 53 to Nov 14, 19 53 that I last saw the deceased alive on Nov 14, 19 53, and that death occurred at 2 45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Irvin D. Hoyt MD Queenstown, Md. 11/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov 16-53 | NAME OF CEMETERY OR CREMATORY: Chesterfield | LOCATION (City, town, or county) (State): Centreville Md

DATE REC'D BY LOCAL REG.: Nov. 15-1953 | REGISTRAR'S SIGNATURE: Helen M Aldridge | 24. FUNERAL DIRECTOR: Barton Bros ADDRESS: Centreville Md

RECEIVED
NOV 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11448

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Joseph (Middle) C. (Last) Bryan Jr.
4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec. 6, 1888
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): waterman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Joseph C. Bryan Sr.
14. MOTHER'S MAIDEN NAME: Mary Parks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 717-12-3908
17. INFORMANT & ADDRESS: Mr. Joseph Bryan III

3

18. MEDICAL CERTIFICATION Coroner called inquest not necessary

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Coronary occlusion (found dead in bed	Nov. 25, 53
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Angina pectoris arteriosclerosis	Several years
	DUE TO (c) Bronchio-pneumonia chronic congestive bronchitis	April 1953
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Chronic malnutrition + alcoholism	About 10 years

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While at Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1953 to Nov. 10th, 1953, that I last saw the deceased alive on Nov. 24, 1953, and that death occurred at about 2 A.M., from the causes and on the date stated above.

SIGNATURE Theodore Sattelmaier (Degree or title) M.D. ADDRESS Stevensville DATE SIGNED Nov. 25, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 11-28-53
NAME OF CEMETERY OR CREMATORY Grasonville Cemetery
LOCATION (City, town, or county) (State) Grasonville, Queen Anne Md.

DATE REC'D BY LOCAL REGISTRAR 11-27-'53
REGISTRAR'S SIGNATURE Helen M. Aldridge
24. FUNERAL DIRECTOR Maurice E. Newnam & Son
ADDRESS Easton, Md.

RECEIVED
DEC 1 1953
BUREAU V. S.

11449

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Price; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Q. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Price Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Josiah	Smith	Chance	Nov	24	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Nov 15-1864	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
farm		Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Josiah L. Chance	Louise Booker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	?	Mr Earl Chance Church Hill Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
5427 Immediate cause (a) Chronic Interstitial nephritis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute Cystitis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/1 19 53, to 11/24 19 53, that I last saw the deceased alive on 11/23 19 53, and that death occurred at 6:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

/s/ Henry Fisher M. D. Centreville Md 11/28-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	Nov 28	Chesterfield	Centreville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-28	Edgar L. Lowe	Edgar L. Lane	Church Hill Md

VS A-1

RECEIVED
DEC 14 1953
BUREAU V. S.

11450

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH · COUNTY: Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Queenstown X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md COUNTY: Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Queenstown X
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) (Last) Coleman
4. DATE OF DEATH: (Month) November (Day) 4 (Year) 1953
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 1903
9. AGE last birthday: 50 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labour
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Carroll County Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry J. Coleman
14. MOTHER'S MAIDEN NAME: Elza Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: 218-20-7450
17. INFORMANT AND ADDRESS: Wheeler & Haight, Sykesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause 420.1	(a) Coronary Occlussion	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Insufficiency	3-5 yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Oct, 1953, that I last saw the deceased alive on Oct 28, 1953, and that death occurred at 6 30 A m., from the causes and on the date stated above.

SIGNATURE: Irvin S. Hoyt (Degree or title) MD
ADDRESS: Queenstown, Md.
DATE SIGNED: 11/4/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov 7 1953
NAME OF CEMETERY OR CREMATORY: St Luke's Cemetery
LOCATION (City, town, or county): Sykesville (State) Md.
DATE REC'D BY LOCAL REG.: 11-5-53
REGISTRAR'S SIGNATURE: Helen M. Aldridge
24. FUNERAL DIRECTOR: John R. Williams
ADDRESS: Easton, Md.

M

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VS. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11451

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2521

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville R-7H
LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville R F D
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) (Last) Daan
4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Feb 24-1875
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): near Bruce Md
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Isaac Sparks
14. MOTHER'S MAIDEN NAME: Sarah Catharine ~~Sparks~~ West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkoown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Clara Virginia Daan (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W. Deering Fisher, M.D. (Degree or title) Deputy Med Exam for Q A Co Md
ADDRESS: Centreville Md
DATE SIGNED: 11/10 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 13-53
NAME OF CEMETERY OR CREMATORY: Denton
LOCATION (City, town, or county) (State): Denton Caroline Co. Md

DATE REC'D BY LOCAL REG.: Nov. 11-53
REGISTRAR'S SIGNATURE: Elsie Armstrong
24. FUNERAL DIRECTOR: Barton Bros Centreville.
ADDRESS: Maryland

15A

RECEIVED
NOV 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11452

CERTIFICATE OF DEATH

Reg. Dist. No. 2 5 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centerville X; LENGTH OF STAY (in this place) 13 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS None X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centerville X; STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (First) Mary (Middle) Virgie (Last) Huckery

4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 1953

5. SEX: F. | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated | 8. DATE OF BIRTH: 11/27/1886 | 9. AGE last birthday: 66 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life. (Never in retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jermia Groce | 14. MOTHER'S MAIDEN NAME: Mary E. Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT & ADDRESS: Clarence Johnson Goldsboro, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
4424 Immediate cause	(a) Uremia	1 wk
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis - C-V Renal Disease	? yrs.
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonism

19a. DATE OF OPERATION: 8 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 53, to Nov. 19, 19 53, that I last saw the deceased alive on Nov. 17, 19 53, and that death occurred at 10:25 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Irvin D. Hoyt M.D. | ADDRESS Queenstown | DATE SIGNED 11/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/23/53 | NAME OF CEMETERY OR CREMATORY Union | LOCATION (City, town, or county) (State) Near Goldsboro, Md.

DATE REC'D BY LOCAL REGISTRAR 11-21-53 | REGISTRAR'S SIGNATURE Elsie Armstrong | 24. FUNERAL DIRECTOR J. E. Boulais | ADDRESS Greensboro, Md.

VS. 1 T

RECEIVED
NOV 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11453

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Queen Anne; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Centreville; LENGTH OF STAY (in this place): X; HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Centreville X; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) (Last) HANDY

4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Unknown

9. AGE last birthday: About 60 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ned Pinder

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: RAYMOND HANDY (Rural Centreville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4

Immediate cause (a) Chronic Interstitial Nephritis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 19 Un, to 11/9, 19 53, that I last saw the deceased alive on 11-7, 1953, and that death occurred at N.T. m., from the causes and on the date stated above.

SIGNATURE: W.A. McTamoe (Degree or title) M.D. ADDRESS: Rulmoe Md DATE SIGNED: 11/10/53

23. BURIAL CREMATION REMOVAL (Specify): | DATE THEREOF: 11/12/53 | NAME OF CEMETERY OR CREMATORY: Ruthsburg | LOCATION (City, town, or county) (State): Ruthsburg Md.

DATE REC'D BY LOCAL REG. 11-10-53 | REGISTRAR'S SIGNATURE: Edgar L. Lane | 24. FUNERAL DIRECTOR: Edgar L Lane | ADDRESS: Church Hill Md.

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NOV 30 1953
BUREAU V. S.

Film#G159 Item# 7 11/27/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11454

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stan X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nr Centreville Route 3 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stan - Nr Centreville
STREET ADDRESS (If rural give location) Route 3 X

3. NAME OF DECEASED: (Type or Print) (First) Nora (Middle) Monday (Last)

4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anthony N. Thomas
14. MOTHER'S MAIDEN NAME: Emmaline Downes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Lloyd E. Blake

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage c̄ hemiplegia — Interval Between Onset And Death 3 wks

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral & general Arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1953, to Nov 3, 1953, that I last saw the deceased alive on Nov 3, 1953, and that death occurred at 2 Pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles H Hinsdale MD ADDRESS Greenbrier Md DATE SIGNED Nov 4 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/9/53
NAME OF CEMETERY OR CREMATORY Land Town Am.
LOCATION (City, town, or county) (State) Hillsboro, Md.

DATE REC'D BY LOCAL REGISTRAR 11/9/53
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR James B Dashiell ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1

RECEIVED
NOV 17 1953
BUREAU V. S.

11455

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Chester River
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS N Queenstown X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 0001-4
STREET ADDRESS (If rural, give location) 5800 Clearspring Rd

3. NAME OF DECEASED (Type or Print) (First) Clyde (Middle) Vernon (Last) Moore.
4. DATE OF DEATH (Month) Nov (Day) 4 (Year) 53

5. SEX Male
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr 30 - 1893
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Parts & Repairs
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Maine 17
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Guy Moore
14. MOTHER'S MAIDEN NAME Mary J Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr Croggan - 5203 Purlington Way

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1

Immediate cause (a) Coronary occlusion. — INTERVAL BETWEEN ONSET AND DEATH Immediate.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF ~~Death~~ (Month) Nov (Day) 4 (Year) 53 (Hour) 9 45 A m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Deputy Medical Examiner ADDRESS DATE SIGNED
W M Carmine M.D. Balto. Co. Dundalk 22 Md 11/4/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 7 - 1953
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Balto (State) Md.

DATE REC'D BY LOCAL REG. 11/5/53
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR Wm Cook Inc - 1217 St Paul St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

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V 15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11456

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Barclay X; LENGTH OF STAY (in this place) 79 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS None X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Barclay; STREET ADDRESS (If rural give location) None X

3. NAME OF DECEASED: (First) SARAH (Middle) JANE (Last) NICKERSON

4. DATE OF DEATH: (Month) 11 (Day) 24 (Year) 19 53

5. SEX: F. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: 6/3/1874 | 9. AGE last birthday: 79 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Holden | 14. MOTHER'S MAIDEN NAME: Elizabeth Ware

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT'S ADDRESS: Harry Nickerson Barclay, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.0 Stroke — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerotic Heart Disease — 3½ years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None | PLACE (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY None m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11/21/53 to 11/24/53 19..., that I last saw the deceased alive on 11/23, 19 53, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. H. Hamilton M.D. | ADDRESS Millington Md | DATE SIGNED 11/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/27/53 | NAME OF CEMETERY OR CREMATORY Busic | LOCATION (City, town, or county) (State) Near Barclay Md.

DATE REC'D BY LOCAL REGISTRAR 11/25/53 | REGISTRAR'S SIGNATURE Edgar L. Lane | 24. FUNERAL DIRECTOR J. E. Boulais | ADDRESS Greensboro, Md.

RECEIVED
DEC 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11457

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wolcaven Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Q. Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	Chance	Bedden	Nov	18	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	July 5-1860	93 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Home Wife	Home	Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John L. Chance	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mr Allen Wells Sudlersville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Myocardial Decompensation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocardial Ischemia

(c) Arterial Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
0				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
0			m.		

22. I hereby certify that I attended the deceased from June, 1949, to Nov 15, 1953, that I last saw the deceased alive on Nov 14, 1953, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C W Whitcraft	M D	Sudlersville, Md	11/21/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	Nov 21	Sudlersville	Sudlersville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-21-53	Edgar L. Lane	Edgar L. Lane	Church Hill Md

VS. A1

RECEIVED
NOV 30
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11458

CERTIFICATE OF DEATH

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne's | STATE MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester (Rural) | LENGTH OF STAY (in this place) 12 years | HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Queen Anne's | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester Rural | STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) Elizabeth (Last) Turpin

4. DATE OF DEATH: (Month) November (Day) 18th (Year) 1953

5. SEX: female | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: Jan. 4. 1908 | 9. AGE last birthday: 45 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster shucker | 10b. KIND OF BUSINESS OR INDUSTRY: Seafood industry | 11. BIRTHPLACE (State or foreign country): Westpoint Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Turpin | 14. MOTHER'S MAIDEN NAME: Annie Maddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 212-14-4048 | 17. INFORMANT AND ADDRESS: Mary Wh, Flor, Upper Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

526X

Immediate cause (a) subacute abscess of r. lung | Interval Between Onset and Death: about 4 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) bronchiectasis chronic | about 5 mos

(c) (green Streptococcus + Staphylococcus)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16th, 1953, to Nov. 13th, 1953, that I last saw the deceased alive on Nov. 18, 1953, and that death occurred at 1:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Theodor Dattelmaier M.D. | Stevensville Md. | Nov. 18. 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Nov 22-53 | NAME OF CEMETERY OR CREMATORY: Upperhill | LOCATION (City, town, or county) (State): Upperhill Somerset Co Md

DATE REC'D BY LOCAL REG. 11-19-53 | REGISTRAR'S SIGNATURE: Elsie Armstrong | 24. FUNERAL DIRECTOR | ADDRESS: Charles H Ward Marion Md

RECEIVED
NOV 25 1953
BUREAU V. S.